

★ APR 20 2020 ★

UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK

LONG ISLAND OFFICE

Virtue Mekhi Oliver  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Plaintiff,

[Insert full name of plaintiff/prisoner]

**CIVIL RIGHTS COMPLAINT**  
42 U.S.C. § 1983

**SEYBERT, J.**

JURY DEMAND

YES ☒ NO ☐

**SHIELDS, M.J.**

-against-

Yaphank Correctional Facility  
Officer John Doe 1, Officer John Doe 2,  
Officer John Doe 3, Officer John Doe 4,  
Lt. John Doe, Sgt John Doe, Warden  
John Doe  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Defendant(s).

[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff Virtue Oliver

If you are incarcerated, provide the name of the facility and address:

Riverhead Correctional Facility 110 Center Drive Riverhead, N.Y.  
11901  
\_\_\_\_\_  
\_\_\_\_\_

Prisoner ID Number: 729378

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If you are not incarcerated, provide your current address:

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Telephone Number: 310-906-5913

**B. List all defendants.** You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

Yaphank Correctional Facility

Full Name

Job Title

200 Suffolk Ave Yaphank, N.Y. 11980

Address

Defendant No. 2

Officer John Doe 1

Full Name

Correction Officer (S.E.R.T.)

Job Title

200 Suffolk Ave Yaphank, N.Y. 11980

Address

Defendant No. 3

Correction Officer John Doe 2

Full Name

Correction Officer (S.E.R.T.)

Job Title

200 Suffolk Ave Yaphank, N.Y. 11980

Address

Defendant No. 4

Correction Officer John Doe 3  
Full Name

Correction officer (S.E.R.T.)  
Job Title

200 Suffolk Ave. Yaphank, N.Y 11980

Address

Defendant No. 5

Officer John Doe 4  
Full Name

Correction officer (S.E.R.T.)  
Job Title

200 Suffolk Ave. Yaphank, N.Y 11980

Address

## II. Statement of Claim:

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? Yaphank Correctional Facility Pod D on the way to bookings.

When did the events happen? (include approximate time and date) January 15, 2020  
Between the time of 3:30 and 5:30

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Defendant No. 6

Full Name - Sgt. John Doe

Job title - SGT.

Address - 200 Suffolk Ave Yaphank, N.Y 11980

Defendant No. 7

Full Name - Lt. John Doe

Job title - Lt.

Address - 200 Suffolk Ave Yaphank, N.Y 11980

Defendant No. 8

Full Name - Warden John Doe

Job title - Warden

Address - 200 Suffolk Ave Yaphank, N.Y 11980

Facts: (what happened?) On January 16, 2020 between the time of 3:30 to 5:30 while I was locked in my cell at Yaphank Correctional facility I was told to put my hands behind my back and put them against the door with a soft cast on to be handcuffed. While being handcuffed by officers John Doe 1, John Doe 2, John Doe 3, and John Doe 4 supervised by SGT. John Doe who was supervised by Lt. John Doe my hand was being bent and twisted in awkward positions which caused new injuries to my existing injuries.

**II.A. Injuries.** If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

Broken scaphoid and torn ligaments in my wrist, 2 Surgeries are needed one for the scaphoid to be repaired and one to repair the torn ligament I have in my wrist. Medical treatment was not received yet. I also need to attend physical therapy to reclaim large and small motor skills in my hand.

III. Relief: State what relief you are seeking if you prevail on your complaint.

\$15 million for compensation and \$7 million for punitive.

I declare under penalty of perjury that on April 9, 2020, I delivered this  
complaint to prison authorities at Riverhead Correctional Facility to be mailed to the United  
States District Court for the Eastern District of New York.  
(date)  
(name of prison)

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 4-9-20

Virtue O  
Signature of Plaintiff

Riverhead Correctional Facility  
Name of Prison Facility or Address if not incarcerated

100 Center Drive Riverhead, NY 11901

Address

729378  
Prisoner ID#



SUFFOLK COUNTY CORRECTIONAL FACILITY  
110 CENTER STREET  
RIVERHEAD, NY 11901

NAME: Virtue M Oliver



UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORK  
100 FEDERAL PLAZA  
CENTRAL ISLIP, NY 11722  
(ATTENTION PRO-SE OFFICE)

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U.S. DISTRICT COURT E.D.N.Y.  
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